Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date: | 05/19/2014 | Street: | 820 E. Main Street | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Incident #: 14ISPC004173 | | Apt, Lot, R | Apt, Lot, Room #: | |
| County : | Blackford | City: | Hartford City | |
| Type of Laboratory Seizure (check one) Seizure I | | | on (check all that apply) | |
| □ Lab Seizure □ □ Chemical Seizure □ □ Equipment Seizure □ □ Dumpsite Seizure □ | | Residence Outbuilding Vehicle Other: | Open – No Structure Business | |
| Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown | | | | |
| Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) | | | | |
| ☐ One Pot or Birch Reaction(s): Red Phosphorous/Iodine Reaction(s): Hydrochloric Acid Gas Generator(s): open air ☐ Flammable Solvents: Water Reactive Metal (Lithium): | | Corros Ammo | ☐ Anhydrous Ammonia: ☐ Corrosive Acid: ☐ Corrosive Base: ☐ Ammonium Nitrate/Sulfate: ☐ Other (item and location): pill waste / open air | |
| Child under age 18 discovered (check appropriate) | | | | |
| Yes (number present) No Children not present but evidence they reside or visit often | | uncles Estimated occurring | Living conditions of home: clean disarray unclean Estimated length of time manufacturing had been occurring: Additional Information: | |
| Vehicle, Travel Trailer, RV or Watercraft Information: | | | | |
| Owner: VIN: Year: | | Make: Model: Color: | | |
| This report has been faxed* or emailed to the following agencies that serve the location: | | | | |
| Fire Department: <u>Hartford City FD</u> Health Department County: <u>Blackford County</u> Department of Child Services Hotline: <u>dcshotlinereport</u> | | Fax: <u>E-1</u> | Fax: <u>E-mail</u> Fax: <u>E-mail</u> ts@dcs.in.gov Fax: 317-234-7595 or 317-234-7596 | |
| For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Trent Kiefer</u> Phone <u>800-552-0976</u> | | | | |
| *This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of | | | | |

scene processing.